

Child Mental Health Wraparound Services

Provider Enrollment and Billing

CMHW – 1915(i)

HP Provider Relations / February 2014

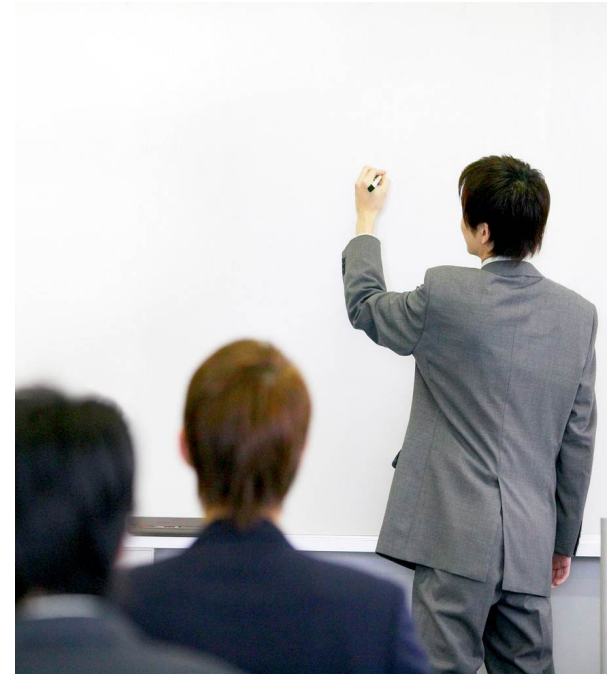
Agenda

- Define objectives
- Provide source to background and program information
- Explain provider enrollment
 - Provider type and specialty codes
 - Provider classifications
 - Obtaining and reporting a National Provider Identifier (NPI)
 - How to enroll
- Explain billing
 - Service descriptions
 - Procedure codes and modifiers
 - Error codes
 - Web interChange
- Provide helpful tools
- Answer questions



Objectives

- Provide a thorough explanation of the provider enrollment and billing requirements, responsibilities, and processes as they relate to the Child Mental Health Wraparound (CMHW) Services 1915 (i) program
- Answer questions and clarify issues that may arise
- Ensure providers know how to get assistance if needed



CMHW – Background and Program Information

CMHW – Background and Program Information

- For background and program information, please see training materials provided by:

Division of Mental Health and Addiction

Family and Social Services Administration

**402 W. Washington, W353
Indianapolis, Indiana 46204
(317) 232-7892**

Julie Bandy, Provider Enrollment Specialist

[Julie Bandy](#)

[DMHA Youth Services](#)



CMHW – Provider Enrollment

CMHW – Provider Type and Specialty Codes

- All Indiana Health Coverage Programs (IHCP) Medicaid providers are assigned a provider type and specialty code
- Mental Health Providers – Provider Type 11
 - Mental Health Specialty Codes
 - 110 – Outpatient Mental Health Clinic
 - 111 – Community Mental Health Center (CMHC)
 - 114 – Health Service Provider in Psychology (HSPP)
 - 115 – Adult Mental Health and Habilitation Member (AMHH)
 - **611 – 1915(i) CMHW Service Provider**
- Waiver Providers – Provider Type 32
 - Waiver Specialty Codes
 - 362 – CA PRTF Demonstration Waiver Grant (end-dated September 30, 2012)
 - 364 – Money Follows the Person (MFP) PRTF Grant
 - 365 – PRTF Transition Waiver



CMHW – Provider Type and Specialty Codes

- CMHW providers must be **provider type 11 – Mental Health Provider** and **provider specialty 611 – 1915(i) CMHW Service Provider**
- See the [IHCP Provider Type and Specialty Matrix](http://provider.indianamedicaid.com/media/27745/matrix.pdf) for provider enrollment documentation requirements
 - <http://provider.indianamedicaid.com/media/27745/matrix.pdf>
- Providers that are already enrolled as provider type 11 – Mental Health Provider must add provider specialty 611-1915(i) CMHW Service Provider to their provider profile
- Providers that wish to provide CMHW services and are not currently enrolled as provider type 11 – Mental Health Provider must complete an IHCP provider enrollment application
 - For example: Provider Type 32-Waiver; Provider Specialty 365-PRTF Transition Waiver



CMHW – Provider Specialty Code 611

- Provider specialty code **611-1915(i) CMHW Service Provider** must be added to your provider profile

– Complete the [IHCP Provider Specialty Maintenance Form](#)

➤ <http://provider.indianamedicaid.com/media/63776/ihcp%20provider%20specialty%20maintenance%20form.pdf>



CMHW – Provider Specialty Code 611

- Provider Specialty Code 611 must be added for all provider classifications that will be billing for CMHW services
 - ***Billing***
 - ***Group***
 - ***Rendering***
 - ***Dual***



Provider Classifications

- *Billing* – A practitioner or facility operating under a unique taxpayer identification number (TIN)
 - The TIN may be the practitioner’s Social Security number (SSN) or a Federal Employer Identification Number (FEIN), but a sole proprietor’s TIN may not be shared or used by any other practitioner, group, or facility
- *Group* – Any practice with one or more practitioners (rendering providers) sharing a common TIN
 - A group may be a corporation, partnership, or any other legally defined business entity
 - The group must have one or more rendering providers linked to the group
- *Rendering* – The provider that performs the services
 - Reimbursement for these services is paid to the group and reported on the group’s TIN
- *Dual* – A provider that is a *billing* and *rendering* provider
 - The provider is enrolled as a billing provider at one or more locations and is also a member of a group or groups at one or more locations



CMHW – Provider Type 11 Enrollment – NPI

- All Medicaid providers are required to have a National Provider Identifier (NPI)
 - EXCEPTION: Provider Type 32 – Waiver Providers are considered “atypical” and therefore do not require an NPI. Waiver providers use the Legacy Provider Number (LPI).
- HOWEVER: Provider Type 32 – Waiver Providers that wish to provide CMHW services will have to obtain an NPI and report it to the IHCP, and enroll as provider type 11-Mental Health Provider
- For detailed information, visit [National Provider Identifier \(NPI\)](#)
 - [http://provider.indianamedicaid.com/become-a-provider/national-provider-identifier-\(npi\).aspx](http://provider.indianamedicaid.com/become-a-provider/national-provider-identifier-(npi).aspx)
- To obtain an NPI, visit the [National Plan & Provider Enumeration System \(NPPES\)](#)
 - NPI can be obtained within 24 hours
 - <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart>
- To report your NPI, visit the [NPI Reporting Tool](#) (NPI will be “reported” via the enrollment process)
 - http://provider.indianamedicaid.com/ihcp/NPITool/npi_login.aspx



CMHW – NPI and LPI

- Provider Type 32-Waiver: must bill with **LPI** (Legacy Provider Number)
- Provider Type 11-Mental Health: must bill with **NPI** (National Provider Identifier)



CMHW – Provider Enrollment Application

- To enroll as a BILLING provider, use:
 - [IHCP Billing Provider Enrollment and Profile Maintenance Packet](#)
 - <http://provider.indianamedicaid.com/media/63732/ihcp%20billing%20provider%20enrollment%20and%20maintenance%20form.pdf>
- To enroll as a GROUP provider, use:
 - [IHCP Group and Clinic Provider Enrollment and Profile Maintenance Packet](#)
 - <http://provider.indianamedicaid.com/media/63755/ihcp%20group%20and%20clinic%20provider%20enrollment%20and%20maintenance%20form.pdf>
- To enroll as a RENDERING provider, use:
 - [IHCP Rendering Provider Enrollment and Profile Maintenance Packet](#)
 - <http://provider.indianamedicaid.com/media/63791/ihcp%20rendering%20provider%20enrollment%20and%20maintenance%20form.pdf>

CMHW – Provider Enrollment

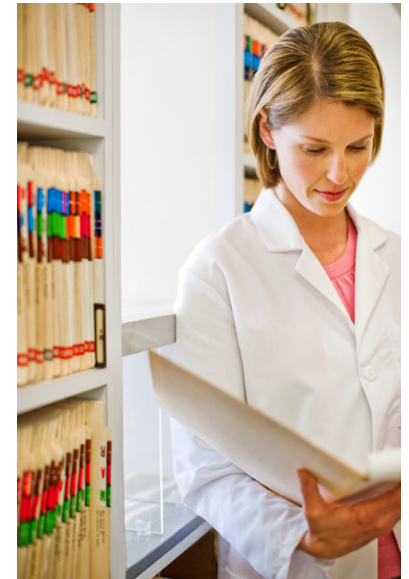
PPACA Requirements

- Under the Patient Protection & Affordable Care Act, Provider Type 11-Mental Health Providers are:
 - Considered “moderate” risk
 - Must pay an application fee (\$542.00 effective 1/1/14)
 - Subject to unannounced site visits before and after enrollment/revalidation
 - CMHC’s adding provider specialty 611 are also subject to site visits
 - Subject to verification of provider specific information:
 - License check
 - NPI check
 - OIG (Office of Inspector General) exclusion check
 - Ownership/controlling interest verification



CMHW – Provider Enrollment Application

- Be extremely diligent in completing the provider enrollment application
- Follow instructions explicitly
- Use the “Quality Checklists”
- Be sure to use the latest version of the application form from indianamedicaid.com
- Be sure to use the latest version of the W-9 form from IRS.gov
- Make sure all applicable schedules are signed by an authorized signer
- “Clean” applications take approximately 15 business days to process
- Applications are processed in the order received
- Returned/rejected applications must be resubmitted in entirety, and they go back to the end of the line
- Keep a complete copy for your files and/or save on your hard drive



Provider Enrollment

- For detailed information on provider enrollment, see [IHCP Provider Manual Chapter 4](#)
 - <http://provider.indianamedicaid.com/ihcp/manuals/chapter04.pdf>
- **HP Provider Enrollment and Waiver**
 - P.O. Box 7263
Indianapolis, IN 46207-7263
1-877-707-5750



CMHW – Billing

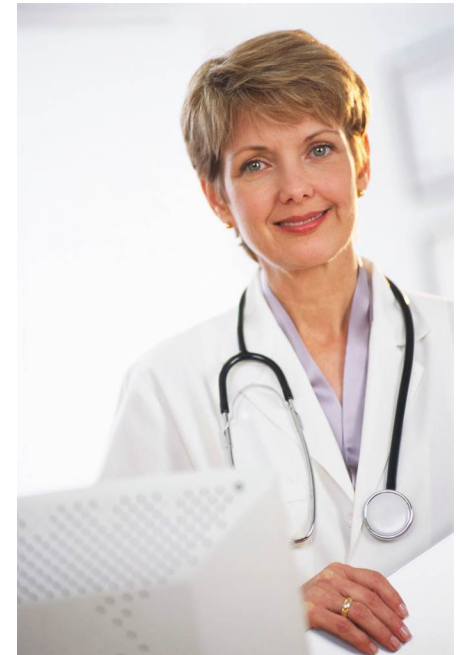
CMHW – General Billing Procedures

- Providers can submit claims:
 - Electronically via the 837P transaction
 - Electronically via Web interChange
 - On a paper *CMS-1500* Professional Billing Form (02/12 version required as of 4/1/14)
- For detailed billing instructions, see [IHCP Provider Manual, Chapter 8](http://provider.indianamedicaid.com/ihcp/manuals/chapter08.pdf)
 - <http://provider.indianamedicaid.com/ihcp/manuals/chapter08.pdf>
 - Detailed line-by-line *CMS-1500* billing instructions are in Chapter 8, **Section 4**

Note: All CMHW services require prior authorization

CMHW – Web interChange

- New billing providers will need to [sign up for Web interChange](https://interchange.indianamedicaid.com/Administrative/InterChange%20Administrator%20Request%20Form.aspx)
 - <https://interchange.indianamedicaid.com/Administrative/InterChange%20Administrator%20Request%20Form.aspx>
- Web interChange allows providers to:
 - Check recipient eligibility
 - There will not be an “inquiry screen” to check for a recipient’s approved services
 - Submit claims
 - Inquire on claims
 - Review, download, and print weekly Remittance Advices (RAs)
 - View and edit provider profile information
 - Get HELP and review FAQ (frequently asked questions)
 - **And, it’s FREE! 😊😊**



CMHW – Procedure Codes, Modifiers

Habilitation (Skills Training & Development) – **H2014 HA**

Respite-Routine-Hourly – **T1005 HA**

Respite-Routine-Daily – **S5151 HA**

Respite-Crisis-Daily – **S5151 HA U1**

Respite-Daily-in Medicaid Certified PRTF – **S5151 HA U2**

Wraparound Facilitation (Case Management) – **T2022 HA**

Training & Support for Unpaid Caregiver – **H2015 HA**

(Comprehensive community support service)

Training & Support for Unpaid Caregiver – **S5111 HA**

(Home care training for family caregiver)

Training & Support for Unpaid Caregiver – **S5116 HA**

(Home care training for non-family caregiver)

*Note: All CMHW services require the **HA** modifier*



CMHW – Habilitation

- Procedure Code/Modifier: **H2014 HA**
- Description: Skills training & development, per 15 minutes
- Unit: 1 unit = 15 minutes
- Unit Restriction: Limited to 12 units (3 hours) per day and 120 units (30 hours) per month
- Rate: \$19.26 per unit
- Explanation of Benefit (EOB) Codes:
 - **9110** – 1915I CHILD HABILITATION SERVICE (INCLUDING SKILLS TRAINING AND DEVELOPMENT: PER 15 MINUTE UNIT) LIMITED TO 12 UNITS (3 HOURS) PER DAY
 - **9111** – 1915I CHILD HABILITATION SERVICE (INCLUDING SKILLS TRAINING AND DEVELOPMENT: PER 15 MINUTE UNIT) LIMITED TO 120 UNITS (30 HOURS) PER MONTH

CMHW – Respite-Routine-Hourly

- Procedure Code/Modifier: **T1005 HA**
- Description: Respite care services, up to 15 minutes
- Unit: 1 unit = 15 minutes
- Unit Restriction: Billed for less than seven hours per day. Cannot be billed with S5151 HA or S5151 HA U1 for same provider for same DOS
- Rate: \$4.00 per unit
- EOB Codes:
 - **9112** – 1915I CHILD ROUTINE HOURLY RESPITE SERVICE (15 MINUTES PER UNIT) LIMITED TO 28 UNITS PER DAY
 - **9118** – 1915I CHILD RESPITE CARE SERVICES, UP TO 15 MINUTES AND RESPITE ROUTINE DAILY SERVICE MAY NOT BE BILLED ON THE SAME DATE OF SERVICE
 - **9119** – 1915I CHILD RESPITE CARE SERVICES, UP TO 15 MINUTES AND RESPITE CRISIS DAILY SERVICE MAY NOT BE BILLED ON THE SAME DATE OF SERVICE



CMHW – Respite-Routine-Daily

- Procedure Code/Modifier: **S5151 HA**
- Description: Unskilled respite care, not hospice, per diem
- Unit: 1 unit = 1 day
- Unit Restriction: Billed for seven to 24 hours per day, not to exceed 14 consecutive days at any one time. Cannot be billed with T1005 HA, S5151 HA U1, or S5151 HA U2 for same provider for same DOS
- Rate: \$100.00 per unit
- EOB Codes:
 - **9113** – 1915I CHILD ROUTINE DAILY RESPITE SERVICES LIMITED TO 1 UNIT PER DAY
 - **9114** – 1915I CHILD RESPITE CRISIS DAILY SERVICE, RESPITE ROUTINE DAILY SERVICE, OR RESPITE DAILY IN MEDICAID CERTIFIED PRTF MAY NOT BE BILLED ON THE SAME DATE OF SERVICE



CMHW – Respite-Crisis-Daily

- Procedure Code/Modifier: **S5151 HA U1**
- Description: Unskilled respite care, not hospice, per diem
- Unit: 1 unit = 1 day
- Unit Restriction: Billed for 8 to 24 hours per day, not to exceed 14 consecutive days at any one time. Cannot be billed with T1005 HA, S5151 HA, or S5151 HA U2 for same provider for same DOS
- Rate: \$120.00 per unit
- EOB Codes:
 - **9115** – 1915I CHILD RESPITE CRISIS DAILY SERVICES LIMITED TO 1 UNIT PER DAY
 - **9114** – 1915I CHILD RESPITE CRISIS DAILY SERVICE, RESPITE ROUTINE DAILY SERVICE, OR RESPITE DAILY IN MEDICAID CERTIFIED PRTF MAY NOT BE BILLED ON THE SAME DATE OF SERVICE
 - **9119** – 1915I CHILD RESPITE CARE SERVICES, UP TO 15 MINUTES AND RESPITE CRISIS DAILY SERVICE MAY NOT BE BILLED ON THE SAME DATE OF SERVICE



CMHW – Respite-Daily-in Medicaid Certified PRTF

- Procedure Code/Modifier: **S5151 HA U2**
- Description: Unskilled respite care, not hospice, per diem
- Unit: 1 unit = 1 day
- Unit Restriction: Billing is based on midnight census, not to exceed 14 consecutive days at any one time. Cannot be billed with S5151 HA or S5151 HA U1 for same provider for same DOS
- Rate: \$321.52 per unit
- EOB Codes:
 - **9120** – 1915I CHILD RESPITE DAILY IN MEDICAID CERTIFIED PRTF LIMITED TO 1 UNIT PER DAY
 - **9114** – 1915I CHILD RESPITE CRISIS DAILY SERVICE, RESPITE ROUTINE DAILY SERVICE, OR RESPITE DAILY IN MEDICAID CERTIFIED PRTF MAY NOT BE BILLED ON THE SAME DATE OF SERVICE



CMHW – Respite Billing Code Matrix

RESPITE		Routine-Hourly	Routine-Daily	Crisis-Daily	Daily-in PRTF
		T1005 HA	S5151 HA	S5151 HA U1	S5151 HA U2
Routine-Hourly	T1005 HA		9118	9119	OK
Routine-Daily	S5151 HA	9118		9114	9114
Crisis-Daily	S5151 HA U1	9119	9114		9114
Daily-in PRTF	S5151 HA U2	OK	9114	9114	

Example: Routine-Hourly can be billed with S5151 HA U2, but not S5151 HA or S5151 HA U1

CMHW – Wraparound Facilitation

- Procedure Code/Modifier: **T2022 HA**
- Description: Case management; per month
- Unit: 1 unit = 1 month
- Unit Restriction: 1 unit per month
- Rate: \$850.00 per unit
- EOB Codes:
 - **9122** – T2022 HA-WRAPAROUND FACILITATION LIMITED TO 1 UNIT PER MONTH



CMHW – Training & Support for Unpaid Caregiver

- Procedure Code/Modifier: **H2015 HA**
- Description: Comprehensive community support services; per 15 minutes
- Unit: 1 unit = 15 minutes
- Unit Restriction: Maximum of 8 units per day
- Rate: \$15.00 per unit
- EOB Codes:
 - **9116** – 1915I CHILD TRAINING & SUPPORT SERVICE FOR UNPAID CAREGIVER (COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES) LIMITED TO 8 UNITS PER DAY



CMHW – Training & Support for Unpaid Caregiver

- Procedure Code/Modifier: **S5111 HA**
- Description: Home care training for family caregiver
- Unit: 1 unit = registration, fees and supplies
- Unit Restriction: Total of this service, plus S5116 HA, limited to \$500.00 per year, per member
- Rate: \$500.00 max per unit
- EOB Codes:
 - **9117** – 1915I CHILD TRAINING & SUPPORT SERVICE FOR HOME CARE TRAINING BY A FAMILY CAREGIVER AND HOME CARE TRAINING BY A NON-FAMILY CAREGIVER ARE LIMITED TO \$500 A YEAR TOTAL



CMHW – Training & Support for Unpaid Caregiver

- Procedure Code/Modifier: **S5116 HA**
- Description: Home care training for non-family caregiver
- Unit: 1 unit = registration, fees and supplies
- Unit Restriction: Total of this service, plus S5111 HA, limited to \$500.00 per year, per member
- Rate: \$500.00 max per unit
- EOB Codes:
 - **9117** – 1915I CHILD TRAINING & SUPPORT SERVICE FOR HOME CARE TRAINING BY A FAMILY CAREGIVER AND HOME CARE TRAINING BY A NON-FAMILY CAREGIVER ARE LIMITED TO \$500 A YEAR TOTAL



CMHW – Other Error Codes

- **1038** – BILLING PROVIDER SPECIALTY ONLY ALLOWED TO BILL 1915I CODES
- **3000** – PAYMENT HAS BEEN CUT BACK TO THE NUMBER OF UNITS AUTHORIZED ON PA
- **3001** – DATE OF SERVICE NOT ON PA MASTER FILE
- **3165** – NUMBER OF UNITS BILLED EXCEEDS THE NUMBER OF PA UNITS UNUSED

Note: This list is not necessarily an all-inclusive list

Find Help

Helpful Tools

- IHCP website at indianamedicaid.com
- *IHCP Provider Bulletin* [BT201362](#) (12/31/13)
- *IHCP Provider Manual*
- Customer Assistance
 - 1-800-577-1278 toll-free
- Provider Relations field consultants
- HP Written Correspondence at the following address:
 - HP Written Correspondence
P.O. Box 7263
Indianapolis, IN 46207-7263



Q&A